

The letted image control be obplyed. The file may have been row and manufact or distinct the file may have been row and manufact to the correct file and location.

DPH IT Account Request Form

Version 1.4a

Tools→Macro→Security must be set to Low.

| User Ir | IIAPM | atin | n |
|---------|-------|------|---|

| Lisa First Name | | A MI | Glazer Last Name | 5-14-2007 Start Date (required for new users) | | | Charles Salemi Supervisor | | | |
|--|--------|---------------------|--------------------------------------|--|---------------------------------------|--------------------|---|--|--|--|
| □ BCDC ⊠ | BLS | | Analytical Chemi | strv | 363 | 6632 | 6629 | | | |
| Bureau (check one) |) | | Program | otry | Room # | Phone Ext. | Supervisor's Phone Ext. | | | |
| Now Hoor | | | lifu lloor | | | | | | | |
| New User Modify User | | | | | | | | | | |
| Email Access (check one – required for new users) | | | new users) | Employee Type (check one – required for new users) | | | | | | |
| User requires a new email account User does not require a new email account | | | count | | | | | | | |
| | | | | | | | (· · · · · · · · · · · · · · · · · · · | | | |
| Program / Application Access List Programs/Applications/Groups/Public Email Folders authorized or list two or more users / roles with equivalent access. List the full path | | | | | | | | | | |
| | | | check (A) for Addition | | | oro, roido milir | equitations accessor Electine fail pain | | | |
| □A | | 1. | | | | | | | | |
| □A | □D : | 2. | | | | | | | | |
| □A | □D : | 3. | | | | | | | | |
| □A | □D . | 4. | | | | | | | | |
| □A | □D : | 5. | | | | | | | | |
| Distribution List A | Access | | | | | | | | | |
| | | Bureau | 's Distribution List. Li | st additional l | sts. Please che | eck (A) for Additi | ons and (D) for Deletions. | | | |
| □A | □D · | 1. | | | | | | | | |
| □A | □D : | 2. | | | | | | | | |
| □A | □D : | 3. | | | | | | | | |
| | | | | | | | | | | |
| Terminate | User | | | | | | | | | |
| - | - | | Personal Folders ar Backup then Dele | | ed up: select an end a copy of the | | ould like a copy | | | |
| | | Email is always bac | | t and fill in if yo e end a copy of the | | рру | | | | |
| Approval | | | | | | | | | | |
| Each request must be authorized by an Approving Manager. Select the approving manager for your program then hit the SUBMIT button at the top of the form. If your approving manager is not available, contact ITS for the name of the appropriate alternate. | | | | | | | | | | |
| Julianne.Nassif Approving Manager (required) | | | - | 10-25-2007 Date | | | | | | |

Contact Keith Nystrom x6275 with suggestions or problems

Attachment If additional space is required in any of the fields above, please enter "See Attachment" and list those items here. If you have any specific requirements or instructions, please list them here as well.